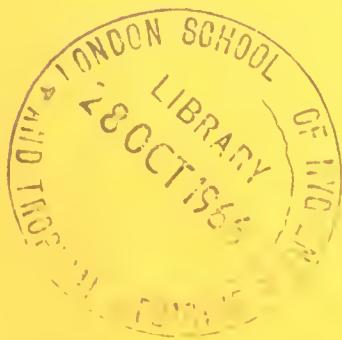


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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
OF THE SCHOOL
MEDICAL OFFICER

FOR

1965

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CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the
School Health Service
for the Year 1965

BY

D. B. BRADSHAW, M.A., M.B., B.Ch. B.A.O., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*

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LEEDS EDUCATION COMMITTEE

School Health Service

SPECIAL SERVICES SUB-COMMITTEE

Chairman: Alderman L. Hammond

Councillor J. Brooksbank
Councillor E. M. Coward
Councillor M. Fish
Councillor L. E. Henson

Councillor A. C. Johnson
Councillor G. Murray
Councillor A. E. Roberts
Councillor F. H. Watson

Co-opted Member: Mrs. R. Waterman

Co-opted in an advisory capacity: Miss H. Stuttard

Chief Education Officer: George Taylor, M.A. (Retired 30.6.65)
J. H. Taylor, T.D., M.A. (Appointed 1.7.65)

SCHOOL HEALTH SERVICE

Principal School Medical Officer

D. B. BRADSHAW, M.A., M.B., B.Ch.,
B.A.O., D.P.H.

Deputy Principal School Medical Officer

G. E. WELCH, M.B., B.S., D.P.H.

Senior School Medical Officer

SHEILA F. SCHOFIELD, M.B., Ch.B.,
D.C.H., D.P.H.

Principal School Dental Officer and Orthodontist

J. MILLER, L.D.S., D.ORTH.

School Medical Officers (Full-time)

H. G. HUTTON, B.A., (Cantab.),
M.R.C.S., L.R.C.P., D.P.H.

MARIANNE H. WITT, M.D., L.R.C.P.
and S. (Ed.), D.P.H.

HILDA M. WILSON, M.B., Ch.B.

HILARY SANDERSON, B.Sc., M.B., Ch.B.,
D.P.H.

School Medical Officers (Part-time)

E. C. ILLINGWORTH, B.Sc., M.B.,
Ch.B., L.R.C.P., M.R.C.S.

*M. ELISABETH JAMIESON, M.R.C.S.,
L.R.C.P.

ELIZABETH A. COLVILLE, M.B., B.S.

*E. COUPLAND, M.R.C.S., L.R.C.P.

*J. A. KELLY, M.B., Ch.B., B.A.O.

MARGARET McCracken, M.B., Ch.B.

**Also anaesthetists to the School Dental Service*

SCHOOL HEALTH SERVICE STAFF—(*continued*)

SHIRLEY M. C. THOMPSON, M.B., B.S.

(Resigned 14.4.65)

MONICA A. BLOOMER, M.B., Ch.B.

JOAN A. KIRKLAND, M.B., Ch.B.

F. DANKS, M.B., Ch.B., (Edin.),

M. PRIEST, M.B., Ch.B., D.R.C.O.G.

(Appointed 8.3.65)

JENNIFER JOHNSON, M.B., B.S.

(LONDON), L.R.C.P., M.R.C.S.

(Appointed 25.5.65)

Ophthalmologists

W. W. BALLARDIE, M.B., Ch.B.

*J. L. WOOD, M.R.C.S., L.R.C.P.

*T. B. PRIESTLEY, L.R.C.P., M.R.C.S.,
D.O. (Appointed 22.7.65)

*D. J. HOPKINS, M.B., Ch.B., D.O.
(Appointed 10.2.65)

School Dental Officers

(*Full-time*)

P. ATKINSON, L.D.S.

A. BROOKE, L.D.S.

(From part-time 1.6.65)

Miss M. B. COGAN, B.Ch.D., L.D.S.

P. IRVINE, L.D.S.

Mrs. H. M. MILLAR, L.D.S.

P. NORMAN, B.Ch.D., L.D.S.

Mrs. L. M. M. O'KEEFFE, B.Ch., L.D.S.
(From part-time 1.5.65)

School Dental Officers

(*Part-time*)

F. G. TYLER, B.Ch.D., L.D.S.

J. W. HOBSON, L.D.S.

Mrs. A. K. BARNETT, B.Ch.D., L.D.S.
(Resigned 31.1.65)

B. P. A. L. BEAUMONT, B.Ch.D., L.D.S.

D. G. MONIES, B.Ch.D., L.D.S.

G. B. POTTS, L.D.S. (Leeds), R.C.S.

R. I. BROOKE, B.Ch.D., L.D.S., M.R.C.S.,
L.R.C.P.

(Resigned 31.1.65)

Mrs. D. M. MOSSANEN, B.Ch.D., L.D.S.

(Resigned 14.4.65)

J. S. WELFORD, L.D.S.

(Resigned 31.1.65)

T. S. FOX, B.Ch.D., L.D.S.

(Appointed 8.12.65)

*Appointed by the Regional Hospital Board.

SCHOOL HEALTH SERVICE STAFF - (continued)

<i>Anaesthetist (Part-time)</i>	F. SOUTHAM, L.D.S.
<i>Pre-School Deaf Clinic</i>	Mrs. K. H. NEWLAND, Teacher of the Deaf (Part-time)
<i>Superintendent Health Visitor and School Nurse</i>	Miss J. M. AKESTER, H.V. Cert., D.N. (London)
<i>Senior School Nurse</i>	Mrs. R. ELIZABETH BERRY, S.R.N. (Resigned 30.6.65)
	Mrs. J. M. BODDY, S.R.N. (Appointed 1.7.65)
<i>Senior Assistant</i>	Miss MARY MATHERS
<i>Chiropodist</i>	Mrs. JOAN BEEL, M.Ch.S. (State Registered)
<i>*Dispensing Opticians</i>	H. DAVIES, F.A.D.O. Mrs. J. BOLTON, A.B.O.A. (Part-time) Mrs. J. BARR, Registered Dispensing Optician (Part-time)
<i>Senior Speech Therapist</i>	Mrs. GILLIAN M. PUGSLEY, L.C.S.T. (Resigned 8.8.65)
<i>Speech Therapists</i>	Miss SHEILA F. MCNEILLIE, L.C.S.T. (Resigned 25.6.65) Miss EILEEN BROUH (Resigned 31.1.65)
<i>Part-time Speech Therapists</i>	Mrs. S. DUFF, L.C.S.T. (Appointed 30.6.65) Mrs. H. BLACK, L.C.S.T. (Appointed 1.9.65)
<i>*Orthoptist</i>	Mrs. DRUSILLA M. WHYTE, D.B.O.
<i>School Nurses</i>	24
<i>Physiotherapists</i>	
<i>Full-time</i>	4
<i>Part-time</i>	2
<i>Oral Hygienists</i>	2
<i>Clinic Assistants</i>	
<i>Full-time</i>	6
<i>Part-time</i>	5
<i>Dental Attendants</i>	12

*Appointed by the Regional Hospital Board

SCHOOL HEALTH SERVICE STAFF—(continued)

CHILD GUIDANCE (CLINICAL) STAFF

<i>Senior Educational Psychologist</i>	P. C. LOVE, M.A., Ed.B., A.B.P.S.
<i>Senior Assistant Educational Psychologist</i>	E. BOWSKILL, B.A. (Hons.), A.B.P.S.
<i>Assistant Educational Psychologists</i>	J. R. ROBERTS, B.A. (Hons.) Dip. Psych. P. J. MARTIN, B.Sc., Ed.B. (Resigned 24.9.65)
<i>Social Workers</i>	Mrs. P. ALTMAN, B.A. Mrs. J. BINKS, B.A. Mrs. A. BROCKLESBY, B.Sc. (Resigned 27.8.65) Mrs. J. FLETCHER, Dip. Social Studies Mrs. A. MHLONGO, Dip. Social Studies (Appointed 18.10.65) Mrs. J. THOMPSON, B.A.
<i>Paediatric Consultant</i>	Dr. E. C. ALLIBONE, M.D., F.R.C.P., D.P.M.

(The Educational Psychologists also work in the School Psychological component of the Child Guidance Service, together with ten remedial and specialist teachers.)

SCHOOL HEALTH SERVICE STAFF—(*continued*)

CONSULTANTS

<i>Ear, Nose and Throat Surgeon</i>	*T. McM. BOYLE, F.R.C.S.
<i>Orthopaedic Surgeon</i>	*J. M. P. CLARK, M.B.E., F.R.C.S.
<i>Ophthalmic Surgeon</i>	*J. SHERNE, M.B., Ch.B., F.R.C.S., D.O.M.S. O. O. FFOOKS, F.R.C.S.
<i>Pediatric Consultants</i>	Professor W. S. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E. Dr. E. C. ALLIBONE, M.D., F.R.C.P., D.P.M.
<i>Oral Surgeon</i>	Professor T. TALMAGE READ, F.R.F.P.S., F.D.S., R.C.S., L.R.C.P.

* *Appointed by the Regional Hospital Board.*

Return of Number of Children on Roll at

28th January, 1965

Type of School	Number of Schools	Number of Departments	Number on Roll
<i>Primary</i> —			
County	81	131	34,577
Voluntary	41	53	12,843
<i>Secondary</i> —			
Modern	42	—	17,292
Grammar	11	—	6,141
Technical	2	—	1,744
<i>Comprehensive</i>	4	—	4,934
<i>Special</i> —			
Educationally Sub-Normal ..	6	—	588
Educationally Sub-Normal Classes (3)	—	—	43
Physically Handicapped ..	2	—	151
Deaf and Partially Hearing ..	1	—	116
Partially Sighted Class (1) ..	—	—	14
<i>Other</i> —			
Nursery	1	—	27
TOTALS	191	184	78,470
Nursery—part time	—	—	79

LADIES AND GENTLEMEN,

I present herewith the report of the School Health Service for the year ended 31st December, 1965.

Shortage of medical staff, particularly full time, continues to be a difficulty, and although the position at the end of the year was a very slight improvement on 1964, consideration will have to be given to both recruitment and increase of establishment to meet some of the needs of the service as outlined in the report. The dental staffing position also improved slightly during the year. As the Principal School Dental Officer points out, fluoridation of water supplies would reduce substantially the incidence of dental decay, and it must be frustrating to dental staff to have to carry on with their difficult task without this valuable aid.

The theme of school health work, as of all public health work, is the direction of resources to those children who particularly need help, and the report describes some of the procedures of screening, selection, and follow-up which are used for this purpose. It seems clear that one of the situations on which attention must now be concentrated is that of the school leaver who has some disability or requires medical supervision. The arrangements available for transfer of information to those who will be responsible for the care of the young person have never been satisfactory, and very recently some important circulars and reports have been issued which may call for changes in the system.

Once again the shortage of speech therapists has resulted in reduction of treatment to a bare minimum of a few sessions per week. The newly established School of Speech Therapy in the College of Technology offers some hope of future recruitment, but the first students will not qualify until 1968.

The annual course for medical officers on the ascertainment of educationally subnormal children which is organised by the University Departments of Preventive Medicine and Psychiatry in co-operation with the Education and Health Departments of the City has become well established and is attended by medical officers from all parts of the country as well as those from the northern counties. This year the number of places was increased to eighteen, and the necessary extra testing practice was made possible by the co-operation of head teachers and staffs of schools and of the school psychological services.

I extend my grateful thanks and those of the staff of the School Health Service to the Chief Education Officer and members of the Education Department for their continued help throughout the year.

I am sorry that the long and fruitful association with Mr. George Taylor came to an end with his retirement in June, and we look forward to the same successful co-operation with his successor Mr. John Taylor.

I am considerably indebted to the Chairman and Members of the Education Committee and to the Special Services Sub-Committee for their constant support and co-operation.

I am,

Ladies and Gentlemen,

Your obedient servant,

D. B. BRADSHAW,

Principal School Medical Officer.

STAFF

Medical Staff	One part-time medical officer resigned and two were appointed. Two part-time ophthalmologists were appointed by the Regional Hospital Board.
	At the 31st December, 1965, there was the equivalent of 9.2 full-time school medical officers.
Nursing Staff	The Senior School Nurse resigned and was replaced. Seven nurses resigned and eight have been appointed. One part-time clinic assistant resigned, two have been appointed.
Physiotherapy Staff	A physiotherapist resigned and was replaced.
Speech Therapy	The Senior Speech Therapist and two speech therapists resigned. Two part-time speech therapists have been appointed.
Dental Staff	Two part-time officers became full-time. Four part-time officers resigned and one was appointed.
	At the 31st December, 1965, there was the equivalent of 10.10 full-time dental officers. In addition 0.5 of a full-time school medical officer's time was spent on dental anaesthesia.

COURSES ATTENDED DURING 1965

Dr. H. Sanderson	Refresher Course in Family Psychiatry at the Department of Family Psychiatry, Ipswich, April, 1965.
Dr. M. McCracken	Course on the Ascertainment of Educationally Sub-normal Children at the University of Leeds, September, 1965.
Miss M. Batty	Course for Prospective Audiology Technicians at the Liverpool Ear, Nose and Throat Infirmary, January, 1965.
Miss M. Clarke (Oral Hygienist)	Dental Health Education Course, London, May, 1965.

SCHOOL CLINICS

No new branch clinics have been opened during the year and arrangements have been made with the head teachers of Ireland Wood County Primary School for the nurse to attend for the treatment of minor ailments only when required.

A list of the clinics giving details of treatments available and approximate number of sessions each week is given on pages 13 and 14. The number of sessions for any particular treatment is varied from time to time according to the needs of the area and the staff available.

There are facilities in the Central Clinic for speech therapy, physiotherapy, the pre-school clinic for spastics, audiometry, refraction, chiropody, dental treatment and the pre-school clinic for deaf children. It is here that consultants to the Authority hold sessions.

In addition most of the intelligence testing of backward children, examinations for part-time employment, boarded out children, children attending the Holiday Camp and 'special' cases take place.

The following is a detailed list of the number of sessions held each week, these also vary according to requirements:—

Consultants

Ear, Nose and Throat	..	..	..	..	1 per week
Orthopaedic	..	..	..	..	1 every third week
Paediatric	..	..	..	..	2 per month
Ophthalmic	..	..	..	..	2 per week
Oral	..	..	..	..	2 per week

Other

Refraction	..	..	..	..	15
Audiometry	..	..	..	..	2
Orthopaedic	..	..	..	..	1
Orthodontics	..	..	..	..	12
Dental	..	..	..	..	7
Oral Hygiene	..	..	..	..	3
Pre-school Deaf	..	..	..	..	5
Chiropody	..	..	..	..	2
Speech Therapy	..	..	..	..	2
Pre-school Spastics	..	..	..	..	5

Branch Clinics

Clinic	Work undertaken (number of sessions per week)						
	S.M.O.	Minor Ailments	Physio-therapy	Speech Therapy	Refrac-	Dental Treat-	Oral Hy-
Armley ... (Theaker Lane)	1	5	1	—	2	14	1
Belle Isle C.P. School (Annexe)	—	3	—	—	—	—	—
Braim Wood C.S. School ...	—	2	—	—	—	—	—
Bramley ... (Town End)	—	5	—	—	—	—	—
Burnmantofts ... (Beckett Street)	1	4	—	—	*	14	1
Coldcotes ... (Coldcotes C.P. School)	—	5	—	—	—	—	—
Cross Gates ... (Methodist School Room)	—	2	—	—	—	—	—
East Leeds ... (Harehills Lane)	1	4	1	—	2	12	2
Halton Moor ... (Halton Moor C.P. School)	—	2	—	—	—	—	—
Haworth C.P. School ...	—	2	—	—	—	—	—
Holbeck ... (Hunslet Hall Road)	1	4	1	—	1	5	2
Hunslet ... (Jaek Lane)	1	6	—	—	—	4	2
Iveson House C.P. School ...	—	2	—	—	—	—	—
Ireland Wood C.P. School ...	—	*	—	—	—	—	—
Leafield ... (King Lane)	—	—	1	—	—	3	1
Meanwood ... (Meanwood Road C.P. School)	1	6	—	—	1	—	—
Middleton ... (Middleton Park Avenue)	1 alter- nate weeks	3	—	—	—	0	1

*Arranged as required.

Branch Clinics (*continued*)

Clinic	Work undertaken (number of sessions per week)						
	S.M.O.	Minor Ailments	Physio-therapy	Speech Therapy	Refrac-tion	Dental Treatment	Oral Hygiene
Parklands C.P. School	—	2	—	—	—	—	—
Roundhay Lodge School	..	2	—	—	—	—	—
Roundhay Road (Roundhay Road C.P. School)	..	—	—	—	—	6	2
St. George's C. of E. School	..	3	—	—	—	—	—
Seacroft Clinic	..	4	—	1	*	9	2
West Park (West Park C.S. School)	..	3	—	—	*	5	1

*Arranged as required

MEDICAL EXAMINATIONS

Routine examinations, as in previous years, were carried out at the age of five years and again on entry to secondary school. Children with defects were referred for re-inspection at appropriate intervals. As in many other areas, the great problem is that of manpower. At the end of the year there were five full-time doctors and twelve part-time doctors making a total equivalent of 9.2 full-time doctors with an establishment for ten. With 78,470 children on the roll and the equivalent of 8.2 doctors doing school medical inspections this gives a load of 9,570 children for each, which makes it impossible to give to the children and their parents the time and attention they need. Only 412 leavers were examined and these have not been adequately covered since 1961. There is a great need to offer more help to Youth Employment Officers and it may be that as an increasing number of schools are visited at monthly intervals it will eventually be of greater value to examine children at the age of thirteen to fourteen years rather than on entrance to secondary school.

There is a gap in the medical supervision of young people after they leave school. Appointed Factory Doctors are entitled to ask for information from the school medical records but this is a rare event. The Youth Employment Officer does from time to time seek advice

about the placing of particular children in employment. These children, who may have left or still be at school, are then examined by the school medical officer. There is room for expansion of this service.

By December, 1965, a total of 23 primary, 25 secondary and all four comprehensive schools were receiving frequent visits from their school doctor in place of annual medical inspections.

INFECTIOUS DISEASES

During the year several scattered schools reported small outbreaks of jaundice, the largest number of cases in any one being fourteen. This is a non-notifiable virus disease with an average incubation period of about a month. There are probably many mild cases in which no yellow appears but who nevertheless have symptoms of malaise, headache and sickness. Contacts are difficult to trace and it is not known how to prevent the spread of infection.

OTOLOGICAL SERVICES

Mr. T. McM. Boyle, E.N.T. Surgeon, continues to attend weekly consultative sessions at the Central Clinic. Early in the year Dr. Waldon a member of the staff of the Department of Audiology and Education of the Deaf of Manchester University, came to Leeds for three days to give instruction to a group of health visitors and school nurses in the techniques of routine screening for deafness in very young children from seven months to five years of age who are too young for audiometry.

This newly acquired skill has proved invaluable not only with very young normal children, but with those from the age of two years whom the Education Authority have an obligation to ascertain in order to discover what form of education would be best suited to their needs, especially mentally retarded and cerebral palsied children. In order to ensure that all are tested it has become apparent that every school nurse should be versed in these techniques.

Work of Consultative Clinic:-

Number of children seen	..	..	..	..	..	235
Number of these with a hearing deficiency	..	..	..	..	..	98 (42%)
Number provided with hearing aids	..	..	..	..	..	23
Number who already had them	..	..	..	..	..	144

AUDIOMETRY

On Mr. Boyle's recommendation, Miss M. Battye, N.N.E.B., was sent to the Otological Department of the E.N.T. Hospital, Liverpool, for a month's course in audiometry and since her return has been responsible not only for all sweep-testing of six and seven year olds in schools but for audiometry in general and the supervision of equipment. Miss Battye is keenly interested in her work and provides a really first-rate service.

*Children aged 6 to 7 years sweep-tested in school
at a 20 decibel level*

Total number tested	5,817
Number with normal hearing	5,583
Unco-operative	8
Number referred to school medical officer for full examination	226 (3.9%)

Deafness Survey

Towards the end of 1964 and beginning of 1965 letters were sent to all primary schools (192) requesting the names of any children whom their teachers suspected of deafness—55 schools replied.

	No.	Percentage
Total number of children referred	310	
Found to have normal hearing	101	33%
Those with a loss of 20-39 decibels	78	25%
Those with a loss of 40 or more decibels	70	22%
Number requiring other attention	15	
Number known to be deaf before	114	37%
Number already under close supervision	18	
Failed to keep appointments or refused	15	
Other reasons for no follow-up	25	

It can be seen that this survey was well worth while and brought to light many cases not revealed by sweep testing.

Audiometry Clinics

These are held by school medical officers. Children are referred chiefly from periodic school medical and clinic examinations, following sweep testing and, during this year, from the Deafness Survey.

Number of children seen	765		One Ear	Both Ears
Total attendances	891			
Requiring treatment	126	Number with a loss		
Requiring observation	639	of 20-39 decibels	118	104
No hearing loss	313	Number with a loss		
Requiring other treatment	119	of 40 or more		
Referred to E.N.T. Surgeon	37	decibels	177	127

Of the 765 who attended—

Number who attended once	646
Number who attended twice	112
Number who attended more than twice	7

PRE-SCHOOL DEAF CLINIC

Mrs. K. Newland is in charge of this clinic. During the year 30 children were reviewed and of these, four were profoundly deaf and the remainder partially hearing. Some were seen in the audiology room at the Central Clinic but, because of their youth, the majority were visited in their own homes. Eight who reached the age of five are followed up in schools and training centres where Mrs. Newland is able to give to their teacher, as well as to their parents, valuable advice and help and to supervise the wearing of their hearing aids.

The sexes were fairly evenly divided. Six had added heart or eye defects following maternal rubella, two with partial hearing had hydrocephalus and two were profoundly deaf following meningitis.

The age at which they were originally referred varied between eighteen months and four-and-a-half years. In many cases a diagnosis of deafness can be made from the age of seven months onwards, though it may take a year or two to accurately assess just how much hearing remains. It is hoped that as more staff are trained in the techniques of diagnosis in the very young, more referrals will be made in the first year of life. This gives the opportunity for trial of a hearing aid when a child's natural desire to pick up speech is at its greatest and may save much hard labour later. For teaching a very deaf child to speak is a long and arduous process requiring infinite patience and endurance on the part of the teacher, the child and his parents and the longer it is delayed the more difficult it becomes.

Two children were placed in a residential school for the deaf and three went to Elmete Hall as day pupils.

The vast majority of the children use the Medresco Hearing Aid supplied by the National Health Service but three required a more powerful commercial aid and these gave excellent results.

The use of auditory training units in selected homes (lent by the Authority) continues to prove rewarding to children, parents and teachers.

There are many children in normal schools, some sufficiently deaf to require a hearing aid, but a much larger number with not quite so much loss who, nevertheless, find it a strain trying to pick up all that the teacher says especially if the classroom is noisy. Mrs. Newland visits a certain number of these children in school in order to help teacher and child to discover the optimum conditions for hearing. There is room for expansion of this advisory service. In almost every class there is at least one and often two or three such children and it may be that when financial considerations allow, the walls of every classroom in new schools should have partial acoustic treatment.

OPHTHALMIC SERVICES

Mr. J. Sherne, F.R.C.S., continued to attend a consultative session at the Central Clinic once weekly and to visit once a term the partially sighted class of fourteen pupils aged seven to eleven years attached to Beckett Park County Primary School.

Mr. O. O. Fooks, F.R.C.S., attends another consultative session once weekly. Both have hospital appointments and close liaison with the hospital service is maintained.

Four visiting ophthalmologists (three appointed by the Regional Hospital Board) and five school medical officers carry out refractions at the Central Clinic and at some of the branch clinics.

1. *Findings at School Medical Inspections*

						<i>Referred for Treatment</i>	<i>Referred for Observation</i>
VISION							
Entrants	..	..	..	..	..	130	238
Leavers	..	..	..	..	..	8	17
Others	..	..	..	..	..	374	1,137
						<hr/>	<hr/>
Special inspections		..	..	..		512	1,392
						<hr/>	<hr/>
						2,103	911
						<hr/>	<hr/>
						2,615	2,303
SQUINT							
Entrants	..	..	..	..	..	53	95
Others	..	..	..	..	..	81	159
						<hr/>	<hr/>
Special inspections		..	..	..		134	254
						251	2
						<hr/>	<hr/>
						385	256
Other eye conditions found		..	..			<hr/>	<hr/>
						41	165

2. *Eye Conditions Treated*

Errors of refraction including squint	..	..	..	5,271
Other eye and external eye conditions	..	..	..	280
Glasses prescribed	..	..	..	2,686

Mrs. Whyte, by arrangement with the Regional Hospital Board, continues to take three orthoptic sessions weekly.

ORTHOPTIC CLINIC

Mrs. Drusilla Whyte, D.B.O., keeps in close touch with Mr. Sherne, Mr. Fooks and the visiting ophthalmologists. She reports as follows:—

“Children are referred from the age of one year up to fifteen years of age. An orthoptic examination can be done at the age of one year but it is generally impractical to carry out vision testing and treatment until about two-and-a-half years of age.

Number of new cases referred in 1965	280
Re-attendances (including those carried over)	787
<hr/>	<hr/>
Total attendances	1,067
<hr/>	<hr/>
Undergoing treatment for Amblyopia	342
Those in 1965 who had or were awaiting operation for squint	72

All cases of amblyopia and squint are kept under fairly close supervision until they leave school. Very young children of two to three years under treatment for amblyopia by occlusion, are seen at two to four weekly intervals. This is because in the case of the younger children, improvement is rapid. At seven to ten years it may be necessary to occlude for three to four months before it is effective. In recent years it has been found that in late cases, say after the age of eight years, total occlusion for this period has been successful in 75% of cases.

Every effort is made to ensure regular attendance. Defaulters are sent three appointments to come to the orthoptic clinic. If still unsuccessful, they receive a further two appointments to see an ophthalmic surgeon, and finally if this fails, a nurse visits the home. In the final reckoning failure to attend was very small indeed but as many as 20% had to be sent second and third appointments."

OPTICIANS' DEPARTMENT

Mr. H. Davis, F.A.D.O., reports:—

"The Optical Department is still maintaining an efficient supply and repair service for spectacles. The annual figures of attendance have remained constant over the past three years.

There has been no change in the contributory charges for children's spectacles or in style and colour of the frames available.

During the year we have acquired the part-time services of Mrs. J. Bair, whose assistance helps to give a better dispensing service and liaison with the ophthalmic services of the Leeds A Group Hospital Management Committee."

New Prescriptions for glasses dispensed in the Optical Department	2,137
Repairs and replacements of spectacles	1,207
Adjustments and minor repairs	1,390
Total patients' attendances	8,346

THE ORTHOPÆDIC SERVICE

The orthopaedic clinic continues to be held each week at the Central Clinic. Mr. J. M. P. Clark attends every third Monday. Dr. S. M. C. Thompson, who worked part-time, resigned at Easter and in September Dr. Hilary Sanderson took over the full-time care of physically handicapped children in Leeds. Two of the three orthopaedic sessions are taken by Dr. Sanderson.

New cases seen for the first time:—

Referred by Health Department	..	..	..	126
Referred by other agencies	..	..	..	96
<i>Cases referred by Hospital Consultants:—</i>				
For supervision and treatment at school clinic	..	..	..	95
Cases carried over from the previous year	..	..	..	348
Total	..	..	..	<u>665</u>

The conditions represented were:—

Sequelae of Poliomyelitis	..	..	..	..	60
Cerebral Palsy	..	..	..	..	33
Hemiplegia, Paraplegia, etc.	..	..	..	..	23
Psendocoxalgia	..	..	..	..	15

Congenital Defects

Multiple Anomalies	..	..	..	..	17
Various (Incidence 2 or 3)	..	..	..	..	17
Dislocation or Subluxation of Hip	..	..	..	..	20
Metatarsus Primus Varus	..	..	..	..	13
Structural Scoliosis	..	..	..	..	13
Talipes Equino Varus	..	..	..	..	8
Meningo Myelocele	..	..	..	..	4
Claw Foot	..	..	..	..	8

Postural Defects

Feet	..	..	..	..	167
Spine	..	..	..	..	16
Torticollis	..	..	..	..	10
Genu Valgum	..	..	..	..	74
Transient Symptoms	..	..	..	..	12
Results of Injuries	..	..	..	..	30
Osteochondrosis—Investigation of Hip	..	..	..	..	17
Osteomyelitis and Arthritis	..	..	..	..	19
Tuberculosis of Bone	..	..	..	..	4
Other Conditions (incidence of 5 or less)	..	..	..	..	49
Consultations—no treatment or observation	..	..	..	..	30

Pre-School Cerebral Palsy Clinic

Twenty-six children under the age of five years who are in need of physiotherapy attend this clinic. They require help in learning simple physical skills and this is provided by three physiotherapists: Mrs. S. Hill, Mrs. J. Musgrave and Mrs. S. Elshaw. From time to time they are reviewed by Mr. J. M. P. Clark, F.R.C.S., and Dr. D. M. Morgan, M.R.C.P., from the Department of Paediatrics and arrangements are made for surgery when it becomes necessary. Before they reach the age of five years they are assessed for appropriate schooling by Dr. H. Sanderson. Children are referred to this clinic by consultants at the hospitals and by the Health Department.

PAEDIATRIC SERVICES

The paediatric clinic is held twice a month by the staff of the University Department of Child Health and the school medical officers take it in turn to be present. The paediatricians supply the school health service with a very great deal of valuable information. Their help and advice is constantly available and every effort is made to ensure that their recommendations are passed on to the head teachers. The head teachers for their part frequently supply reports which prove invaluable in helping the paediatricians in the diagnosis and treatment of individual children.

CHIROPODY

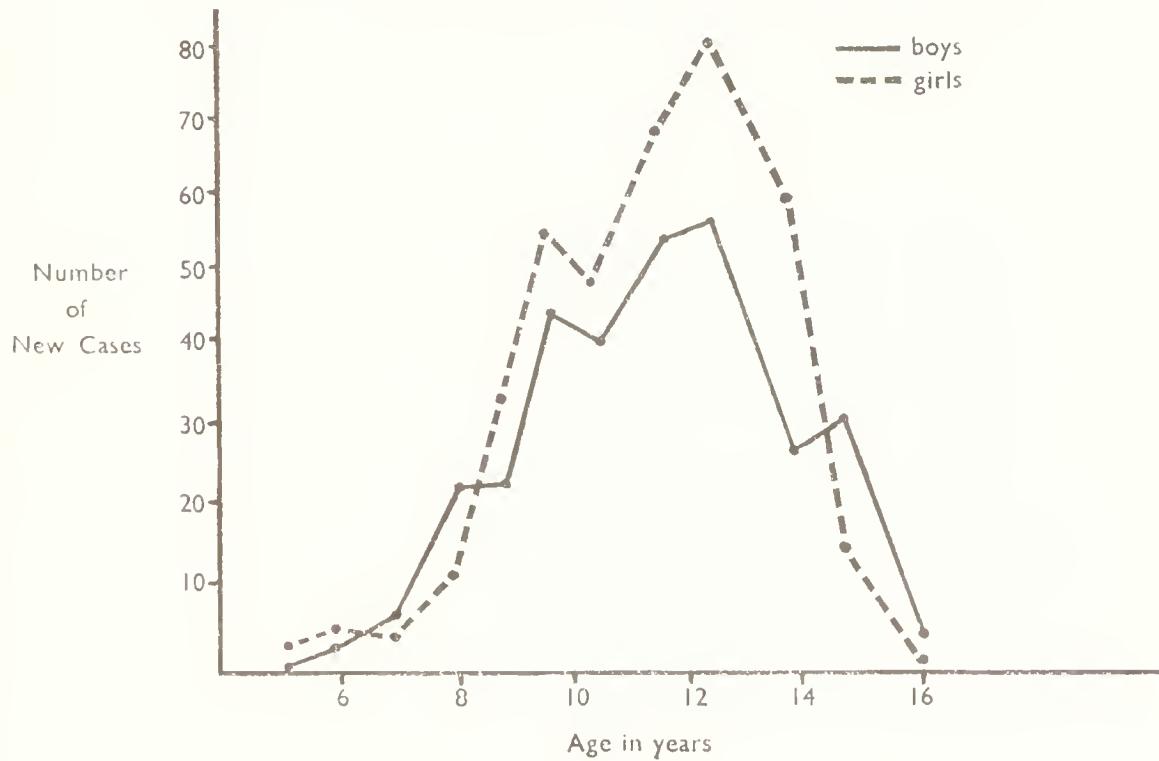
Mrs. Joan Beel, M.C.B.S. (State Registered) reports:—

There are four chiropodists, Mrs. J. Beel, Mrs. E. Abbey, Miss P. Ratcliffe and Mr. R. Crabtree. Two weekly sessions are attended by two and three chiropodists, each seeing an average of 22 children in $2\frac{3}{4}$ hours.

Defect	New Cases	Attendances
Verrucae . . .	874	5,754
Defects of Feet . . .	52	188
Corns, etc. . . .	143	490
Total 1965	1,069	6,432
Total 1964	1,039	4,853

There were 1,579 attendances and 30 more cases than last year. Eighty-two per cent of all cases seen were verrucae compared with 76 per cent last year.

Age and sex incidence of cases of verrucae referred to the clinic



The peak incidence is at the age of thirteen years with a slight overall preponderance of girls. Of course an unknown number are treated privately but it is not difficult to imagine that in any one school, the type of parent who would select private treatment would do so for children of either sex. The largest numbers were to be found in county secondary and the smallest in grammar and infant schools.

It is thought to be due to a virus which penetrates the skin but this virus has never been isolated and recognised. As the incidence in any one school may wax and wane over periods of months or even years, any survey would have to extend over at least two years. In the longer surveys during which an attempt has been made to assess the value of various disinfectants in foot baths and on gymnasium floors the results have been inconclusive. At present therefore there is no definite evidence that verrucae can be passed on, either in swimming baths or on gymnasium floors.

Amongst the 874 children referred to this clinic nine came with a second verruca nearby, after the first had been cured and eight had a recurrence in the original spot. Two had associated eczema. The treatment can be prolonged and some children cease to attend. They may change to their own doctor or try a private chiropodist. When these defaulters were followed up it was found that the majority were cured.

After ten years of pointed toes the change in fashion to rounded toes will be welcomed by chiropodists and parents alike. Both the parents and their children are more foot-conscious and enquire into the cause of their troubles and how to prevent them.

SPEECH THERAPY

Mrs. Gillian M. Pugsley, L.C.S.T., resigned on the 8th August, 1965, and there has been no full-time speech therapist for the rest of the year. Mrs. Shirley Duff, L.C.S.T., who has a young baby, was appointed on the 30th June, 1965, to do one session a week in her own home and she sees children from the surrounding area. This has proved successful. Mrs. Heather Black, L.C.S.T., took up duty on the 1st September, 1965, and does two sessions a week.

In spite of these difficulties, 196 pupils received treatment during the year but there are 567 known to suffer from speech defects. The plight of the hospital speech therapists has been no better.

In September the Education Committee opened a School of Speech Therapy at the College of Technology and eight students were enrolled. These students will qualify in three years' time.

CHILD GUIDANCE SERVICE

Mr. P. C. Lovt, Senior Education Psychologist, report

Within the comprehensive child guidance service administered by the Leeds Education Committee are three main components. These are the school psychological service, the special education unit, and the clinical service for maladjusted children.

The school psychological service is staffed by the educational psychologists and by the remedial teachers. It is concerned with the assessment and the treatment of learning difficulties. At the request of headteachers the staff of the school psychological service will help the school staff to pick out the children who need special help with number or reading, and will give advice on ways of providing suitable help within the existing organisation of the school. During the year, remedial teachers also gave direct help through individual reading lessons to 137 pupils, and through small teaching groups to a further 202 boys and girls. Most of this help was provided in the children's own schools. The educational psychologists also assessed a number of children who were generally backward in schoolwork, and advised on their transfer to full-time special education.

The special education unit of the child guidance service comprised three classes for maladjusted pupils and a full-time class attached to the Care of Children Department's Reception Centre. A total of 106 children attended these special classes at some time during the year.

The clinical component is staffed by educational psychologists and social workers, who with the help of a consultant paediatrician and a consultant child psychiatrist, provided a service of assessment and treatment for maladjusted children. A maladjusted child is one who "shows evidence of emotional instability or psychological disturbance" (*Handicapped Pupils and Special Schools Regulations, 1959*). Among the symptoms of maladjustment which led to the referral of 307 children to the child guidance service during the year, were pilfering, school refusal, nocturnal enuresis, lack of response to normal parental or school discipline, outbursts of physical aggression, under-functioning in schoolwork, and withdrawal from reality. Seventy-eight per cent of these 307 children were in the age range of from seven to fifteen years, but this part of the service does not confine its work to children of school age, and a few children of two years of age, and a few young adults ranging up to eighteen years of age, were also seen.

The investigation of a child who had been referred for symptoms of maladjustment was usually made by a social worker and psychologist. The social worker obtained a case history from the parents

whilst the psychologist used tests, interviews and observation to assess the child himself. If these initial investigations raised the possibility that a physical factor might underlie the child's disturbance, the opinion of a paediatrician was sought. If at this stage or later the child's maladjustment seemed to have deep roots, then the opinion of a psychiatrist was obtained.

In many cases the ventilation of their problems by families at the initial interviews and the resulting reduction of tension in the home led to an easing of the child's symptoms. No course of therapy was then needed, though the social workers maintained contact with the families for a further period of time to ensure that progress was continued. In the cases of 176 children, the assessments were followed by a period of therapy for both child and parents. The type of therapy chosen depended on the emotional maturity of the maladjusted child concerned. The less mature children responded best to play therapy, whilst the more sophisticated youngsters were given a series of counselling interviews. At the end of a course of treatment nearly all of the maladjusted children were replaced on a review basis, and their subsequent progress was followed up at regular intervals.

The number of children referred to the child guidance service increases annually, but unfortunately it is becoming increasingly difficult to recruit and retain trained psychologists and social workers, so that it has not been possible to maintain the quality of the help provided for maladjusted children. The shortage of professional staff is to some extent a national problem, but it is a problem which is particularly acute in Yorkshire, and within this region there are several unstaffed or understaffed child guidance services."

CLEANLINESS AND GENERAL INSPECTION OF PUPILS BY SCHOOL NURSES

During the year 175,933 cleanliness inspections were carried out, 3,420 children were found to be in an unsatisfactory condition, 1,951 exclusions were issued involving 1,539 children of which 944 were referred to the Disinfestation Centre.

Although the number of cleanliness examinations was less than in previous years, more time was spent on giving advice and practical help to those parents whose children were constantly found to be in an unsatisfactory condition. The number of these children remains fairly constant but it is encouraging to find that a smaller number of exclusions were issued to fewer children than last year.

School nurses continued to pay weekly visits to special schools where they supervised hair washing of those children from unsatisfactory homes and gave shampoo to others for use at home.

We are indebted to the staff of the Disinfestation Centre who gave considerable help by visiting the homes of all children referred to them in an effort to persuade the rest of the family to attend the Centre for treatment.

It has always been recognised that where only one member of a family is cleaned, he or she is most likely to become re-infested on return home. No powers exist for the compulsory cleansing of adults and it is only by patient and tactful suggestions on the part of school nurses and nurses from the Disinfestation Centre that this can be achieved.

There is still, unfortunately, a hard core of families who are constantly found to be infested despite all efforts made on their behalf. In the more severe cases of infestation by head lice usually most of the other members of the family, including the mother, are involved so that it is of little use to treat only some of its members for the infection is caught again from siblings or parents. Unfortunately there are no powers to compel a whole family to be treated.

In addition to cleanliness inspections, the vision of all children except those in grammar schools is checked annually, spectacles are examined every month and each child in junior and senior schools has a foot inspection approximately twice a year. An opportunity of visiting the chiropody clinic is given to all those found to have either corns or verrucae.

DIPHTHERIA AND TETANUS IMMUNISATION

Immunisation against diphtheria and tetanus on entry to school was again carried out by the staff of the Health Department. All primary schools were visited during the year.

POLIOMYELITIS VACCINATION

A booster dose or a full course of protection is offered to every child on admission to school.

Oral vaccine was administered on sugar lumps by the staff of the Health Department.

B.C.G. VACCINATION

B.C.G. vaccination is offered to all children between thirteen and fourteen years of age and to full-time college students. During the year 5,115 children were given the preliminary Mantoux test, of whom 594 (11.6 per cent) were found to have a positive reaction and

4,233 were negative. B.C.G. vaccination was given to all those with a negative reaction. The percentage of children with a positive reaction, which indicates that they had already been exposed to tuberculosis, was slightly smaller than last year.

The following table summarises the tests carried out in 1965:-

Colleges and Schools	No. given Mantoux Test	Positive	Negative	Absentees	No. given B.C.G.
Colleges (Full-time Students)	193	79 (40.93%)	99 (51.30%)	15	99
Secondary, Grammar and Technical ..	1,215	121 (10.20%)	1,043 (85.84%)	48	1,043
Secondary Modern and Comprehensive	3,421	367 (10.73%)	2,854 (83.42%)	200	2,854
County Primary ..	286	24 (8.39%)	237 (82.86%)	25	237
TOTALS ..	5,115	501 (11.61%)	4,233 (82.76%)	288	4,233

HANDICAPPED PUPILS

(Position on the 20th January, 1966)

Blind

Placed in residential schools 14

Partially Sighted

Placed in special class 13
Placed in residential schools 6

Deaf

Placed in day school for deaf 14
Placed in residential schools for deaf 19

Partially Hearing

Placed in day school for partially hearing 47
Placed in residential school for partially hearing 7

Delicate

Placed in residential schools 10
Having home tuition 3

Diabetic

Placed in residential schools 1
Placed in ordinary schools 23

Physically Handicapped

Placed in day school for physically handicapped 115
Placed in residential schools for physically handicapped 37

Educationally Sub-normal

Placed in day schools for E.S.N.	..	..	..	..	..	799
Placed in residential schools for E.S.N.	..	..	..	..	..	35
Having home tuition	..	..	..	..	..	2

Epileptic

Placed in residential schools	..	..	..	..	..	2
Placed in ordinary schools	..	..	..	..	..	128

Maladjusted

Placed in day school	..	..	..	..	..	4
Placed in residential schools	40

Speech

Placed in residential schools	2
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HANDICAPPED PUPILS

1. Blind and Partially Sighted

Leeds has no special school of its own but a special class of fifteen children is attached to Beckett Park County Primary School and the report of Mr. E. H. Wraith, the Headmaster, is as follows:—

“In the education of handicapped children the emphasis today is on making as little difference as possible between the handicapped child and the child without physical handicap.

Nevertheless some special provision must be made, at least at the primary stage of education, to ensure that the handicapped child can work with a small group of children and secure the maximum amount of individual attention from its teacher.

For partially-sighted children of junior age there is a special class at Beckett Park County Primary School. Here the children receive instruction in the basic subjects from their own teacher, but for subjects where individual help is not so necessary they join fully-sighted children of their own age.

The weekly visits to the swimming bath have proved to be very beneficial in building self confidence. The class is particularly fortunate in having the assistance of a tutor and students of Carnegie College of Physical Education who give individual tuition in the water. In the past year twelve swimming certificates have been won, and one child has swum half a mile.

The time-table is essentially that of a fully-sighted class with a bias towards practical work in all subjects.

All the children are visited and examined at school each term by the Consultant Ophthalmic Surgeon, Mr. J. Sherne, and the Senior School Medical Officer, Dr. S. F. Schofield. These visits facilitate the discussion of the child's educational future in the context of the medical prognosis.”

Twenty children attend residential schools:-

Chorleywood College for the Blind, Herts	..	..	..	..	2
Conover Hall, Shrewsbury	..	..	..	..	2
Henshaw's Institute for the Blind, Manchester	..	..	..	..	3
Preston School for Partially Sighted, Preston	..	..	..	..	3
Royal Normal College, Rowton Castle, Shrewsbury	..	..	..	..	3
St. Vincent's R.C. School for Partially Sighted, Liverpool	..	..	..	..	3
Sheffield School for the Blind, Sheffield	..	..	..	..	3
Worcester College for the Blind, Worcester	..	..	..	..	1

In addition, eight children registered as partially sighted were in normal schools in Leeds:-

Secondary	..	..	..	..	..	..	..	7
Physically Handicapped	..	..	..	..	..	..	..	1

Five children at the end of the year were awaiting boarding and one a day place.

2. Deaf and Partially Hearing Children

Leeds has its own special school, Elmete Hall, which caters for both day and residential pupils. Mr. A. E. Harland, the Headmaster, reports as follows:-

"There were 118 children on roll during 1965, 54 resident children and 64 day children with five of this latter group attending the school from their homes in the West Riding. Classified according to the accepted definitions of hearing loss there were seventeen deaf children and 101 partially hearing children. Their ages ranged from four to sixteen years.

The four youngest admissions during the year were under the age of five years and had been regular attenders at the Pre-School Clinic before entering the school. The value of the early training they had received cannot be overstated, neither can the intelligent help given to them in their homes. In each case, the children had already become accustomed to wearing a hearing aid and were making the fullest use of such residual hearing as they possessed.

These four children continued to wear their Amplivox aids and joined a group in the nursery/infants' section who also retained their commercial aids on admission from the Pre-School Clinic. The remainder of the children in the school wear Medresco aids, several of them using two aids and others Y leads and two earphones attached to a single aid. Arrangements for the maintenance of the aids are excellent. The same can be said of the care and attention given to the amplifying apparatus with which the classrooms and assembly hall are equipped, the firm of suppliers having a contract for that purpose. The servicing of the Medresco aids by the Hearing Aid Department in St. James's Hospital continues to be very satisfactory; members of its technical staff visiting the school at intervals

of two weeks and more often when additional visits are desirable. It is also gratifying to report that there is almost no delay in the replacement and renewal of ear moulds, for the visiting technicians take impressions in a plastic material which eventually becomes the mould the child will use.

All the school leavers during the year were placed in employment within a reasonable time after leaving school. Reports from employers and letters from the children themselves indicate a sensible choice of job. The officers of the Youth Employment Bureau and the Welfare Officer for the adult deaf have worked in close co-operation to achieve this commendable state of affairs. They have also shared responsibility for placement with their colleagues in other parts of the country when leavers from other authorities were concerned.

Three children were transferred to ordinary schools in the course of the year."

Twenty-five Leeds children attend residential schools:—

Burwood Park School, Walton-on-Thames	..	..	..	..	..	..	2
Bridge House, Harewood, Yorks.	..	..	..	..	..	..	2
Mary Hare Grammar School, Newbury, Berks.	..	..	..	..	..	..	1
Odsal House Special School, Bradford	..	..	..	..	..	..	1
St. John's R.C. Residential School for the Deaf, Boston Spa, Yorks.	19						

The age distribution of the nineteen children attending St John's School was:—

11 years and over	..	..	..	..	..	..	8
5 to 10 years	..	..	..	..	..	..	8
4 years	..	..	..	..	..	..	2
2 years	..	..	..	..	..	..	1

In addition, 1,767 children with varying degrees of temporary or permanent deafness, usually not quite bad enough to require a hearing aid but sufficiently troublesome to make listening a strain, are known to be in normal schools.

Six Leeds partially hearing children, at the end of the year, were awaiting day places in a special school.

3. Delicate

Nineteen children attend residential schools:—

Children's Convalescent Home and School, West Kirby, Cheshire	0
Fortescue House School, Twickenham, Middlesex	2
Langley School, Baildon, Yorks.	2
Netherside Hall Open-Air School, Skipton-in-Craven, Yorks.	2
The Pro Juventute Home, Davos, Switzerland	1
Redworth Hall Residential School, Heighington, Durham	1
St. John's Open-Air School, Woodford Bridge, Essex	1
St. Monica's Hostel, Kingsdown, Nr. Deal, Kent	1

Twelve were primary and seven secondary school children and the youngest, from a very unsatisfactory home, was six-and-a-half years. The sexes were almost evenly distributed.

The conditions for which the recommendations were made are:—

Lung conditions	..	..	..	..	..	..	12
Congenital heart disease and partial sight	..	..	..	..	..	..	1
Diabetes	..	..	..	..	..	..	1
Social problems and debility (including three with lung and one with heart conditions)	..	..	..	..	..	..	9

At the end of the year seven children were awaiting places in boarding schools for delicate children.

In addition, 182 children listed delicate were in ordinary day schools (97 boys and 85 girls). A majority of these were cases of asthma but there were 23 diabetic children amongst them. Three were having home tuition. 46 boys and 68 girls known to have heart defects were in ordinary schools in Leeds. Fifteen children, at the end of the year, were awaiting places in a day special school.

4. Epileptic

Two children are in residential schools:—

Colthurst House School, Alderley Edge, Cheshire	..	..	1
Soss Moss Residential School, Nether Alderley, Cheshire	..	..	1

One-hundred and twenty-eight children known to be epileptic are in normal schools in Leeds. Every effort is made to keep these children in ordinary schools. Many never have a fit in school. Those who do are encouraged to lie down and the fit will frequently be followed by a short sleep after which the child has almost always completely recovered. Only one child was awaiting a boarding place. The condition assumes greater importance when the young person is about to leave school and seek employment. The biggest obstacle is then found to be popular prejudice and fear, though there are certain jobs, especially those associated with working at heights or with moving machinery, which it is safest to avoid. Though there is no obligation to do so it has always been found wisest in the long run to inform a prospective employer of the young person's handicap. This enlists his sympathy and understanding from the start. Full permission, of course, is always an essential requirement.

5. Educationally Sub-normal

Thirty-five children were in residential schools:—

Aldwark Manor Boarding Special School, Alne, Yorks.	..	..	3
Allerton Priory R.C. Special School, Liverpool	..	..	2
Besford Court, Worcester	..	..	4

John Duncan School, Buxton	...	...	...	...	...	...	1
Eden Grove School, Bolton, Nr Appleby, Westmorland	...	...	...	...	...	...	8
Elton Pasture School, Beverley, Yorks	...	...	...	...	...	...	2
Spring Hill School, Ripon	...	...	...	...	...	...	1
High Close School, Wokingham, Berks	...	...	...	...	...	...	2
Hilton Grange School, Old Bramhope, Yorks	...	...	...	...	...	...	3
Rossington Hall, Doncaster	...	...	...	...	...	...	7
Irton Hall, Holmrook, Cumberland	...	...	...	...	...	...	1
Rudolph Steiner School, Bieldside, Aberdeen	...	...	...	...	...	...	1

Many of these came from very poor homes and others were so emotionally upset that removal from their environment was considered essential.

Seven-hundred and ninety-nine were in special day schools in Leeds and three were having home tuition.

ASCERTAINMENT OF BACKWARD CHILDREN

During the year, school medical officers carried out 469 intelligence tests and medically examined, for the purpose of completion of form 2 H.P., 87 other children who had been tested by the psychologists of the School Psychological Service and who were to be transferred to E.S.N. schools.

The sources recommending these children for testing are shown in the table.

<i>Sources of referrals for intelligence testing</i>							
School medical officers	...	...	...	...	...	...	188
Headteachers	...	...	...	...	...	...	107
Re-examinations	...	...	...	...	...	...	88
Health department	...	...	...	...	...	...	11
Hospital consultants	...	...	...	...	...	...	27
Other	...	...	...	...	...	...	48
							<u>469</u>

Disposal after Testing

Voluntary notification to Mental Health	...	...	28
Statutory notification to Mental Health	...	...	43
Transfer to E.S.N. School	...	...	172
Remain in ordinary school and re-examine in a year	...	...	53
Remain in ordinary school but refer to Child Guidance	...	...	53
Supervise in ordinary school at medical inspection	...	...	89
Other	...	...	31
			<u>469</u>

**I.Q. range and Average Age related to different referring agencies
(using Terman Merrill Form L-M)**

I.Q.	Number of Children in each I.Q. group					
	School Medical Officers	Head Teachers	Re-examinations	Referred for medical examination by Child Guidance	Health Department	Hospital Consultants
Under 50	9	5	17	7	3	6
50-60	0	6	5	8	—	2
61-65	12	11	2	19	1	3
66-70	16	12	12	17	2	3
71-75	22	14	12	19	—	1
76-80	38	17	12	10	1	1
81-85	27	19	9	2	—	2
86-90	16	18	4	2	—	1
91-95	8	5	1	—	1	—
96 or over	20	8	1	1	3 were too young to assess	2
Number of children	174	115	75	85	11	21+ (6 too young to assess)
Average of ages when referred	8 $\frac{1}{12}$ th years	9 $\frac{7}{12}$ ths years	9 $\frac{3}{12}$ ths years	9 $\frac{5}{12}$ ths years	8 $\frac{7}{12}$ ths years	5 $\frac{3}{12}$ ths years

(A few are omitted because the records were incomplete.)

6. **Maladjusted**

Thirty-one children attended residential schools:—

Brookside School, Clunyford, Craven Arms, Shropshire	..	2
Breckenbrough School	..	2
Broadview House School, Hayling Island, Hants.	..	1
Clwyd Hall School, Ruthin, N. Wales	..	1
Cotswold Chine Home School, Box, Nr. Stroud	..	1
Convent of Mercy High School, Clifford, Nr. Boston Spa	..	1
Drayton Manor School, Sherfield-on-Loddon, Hants.	..	1
Fulneck School, Pudsey, Yorks.	..	2
Garvald School, Dolphinton, Peebleshire	..	1
New Barns School, Church Lane, Toddington, Glos.	..	1
Nortonthorpe Hall Hostel, Scissett, Nr. Huddersfield	..	1
Peredur Home School, Millfield, East Grinstead, Sussex	..	4
Pitt House Junior School, Chudleigh, S. Devon	..	1
Ripon Grammar School, Ripon	..	1
St. Joseph's School, Briars Hey, Rainhill, Nr. Liverpool	..	1

Salesian School, Longhope, Glos.	1
Shotton Hall, Harmer Hill, Nr. Shrewsbury	1
Stelling Hall Boarding Home, Stockfield	1
Swalcliffe Park School, Swalcliffe, Nr. Banbury	1
Wessington Court School, Woolhope, Herefordshire	4
William Henry Smith School, Brighthouse, Yorks.	1

At the end of the year three boys were awaiting boarding places.

Cliff House

This house, originally the home of the Cliff family, was taken over by Leeds Education Committee for maladjusted boys. It accepted its first pupils in July, 1965.

The school has accommodation for eighteen boarders and six day pupils, who are all within the age limits of seven to twelve years. Although a majority of the boys are Leeds pupils, Cliff House is a contribution to the special school needs of Yorkshire as a whole, and places are offered to pupils from other local education authorities in Yorkshire. Of the present eighteen boarders, eight are from Leeds and the others from Middlesbrough, Kingston-upon-Hull, York, Sheffield, Halifax and the West Riding. One of the six day boys is from the West Riding.

The headmaster is assisted in the domestic management by the matron. On the teaching side, there is a deputy headmaster and two assistant teachers. Both the head and the deputy headteacher live on the premises and the assistant teachers take part in the school activities in the evenings and at week-ends. On the domestic side there is an assistant matron and two home assistants who provide the necessary mother care for these young boys.

The school is visited weekly by a consultant psychiatrist, and also has the services of a social worker and an educational psychologist from the Education Committee's child guidance service. The pupils receive special medical examinations from the school health service, and a general medical practitioner is retained for their benefit.

At Cliff House the boys are afforded the opportunity of carrying on their studies in small groups in modern, well-equipped classrooms. Every encouragement is given to the children to develop their own particular interests during the leisure time periods.

A great variety of activities, both indoor and outdoor, is offered at the school. There is a close liaison between the boys' homes and the staff of the school. Unless it is impractical, or inexpedient, the boarding pupils visit their families on two weekends each term, in addition to spending the half term and normal school holidays at home.

7. Physically Handicapped

Seventeen children attend residential schools:—

Bethesda Residential School, Cheadle, Cheshire	..	..	..	1
Chantrey School for Cerebral Palsied Children, Shetfield	..	..	..	1
Thomas Delarue School, Tonbridge, Kent	..	..	..	1
Hawksworth Hall Residential Centre, Hawksworth, Nr. Guiseley	..	..	..	2
Florence Treloar School, Alton, Hants.	..	..	..	1
Holly Bank Special School, Huddersfield	..	..	..	2
Lord Mayor Treloar College, Alton, Hants.	..	..	..	3
Valence School, Westerham, Kent	..	..	..	1
Welburn Hall School, Kirbymoorside, Yorks.	..	..	..	2

Leeds Education Committee have two schools for physically handicapped pupils. Potternewton Mansion Day School is in Leeds and Larchfield School is in Harrogate, sixteen miles away.

Potternewton Mansion School:—

The headmaster, Mr. John Pagdin, reports:—

"The school accommodates 125 children with the following conditions:—

Cerebral palsy and allied conditions	..	..	..	..	43
Poliomyelitis and other orthopaedic conditions	..	..	..	..	28
Congenital conditions and other deformities	..	..	..	..	27
Spina Bifida and meningocele (including four with hydrocephalus)	..	..	..	..	11
Muscular dystrophy and allied conditions	..	..	..	..	8
Miscellaneous conditions	..	..	..	..	8
Number who were incontinent	..	..	..	totally	..
				partially	..
				..	2
				..	4
Number requiring toilet assistance	..	..	..	regularly	..
				..	6
				occasionally	..
(of these eight, three have urinary ilcostomies and one has a colostomy).					2

Children who left Potternewton Mansion School in 1965

For work	..	..	..	..	..	..	..	..	9
Over age—unfit for work	..	..	..	..	..	..	..	..	4
(one of these will be able to go to work when he can drive his motor chair)									
To Hospitals	..	..	..	..	..	..	..	..	7
To Residential Grammar School	..	..	..	..	..	..	..	..	1
To a Leeds Grammar School	..	..	..	..	..	..	..	..	1
To Branch College of Commerce	..	..	..	..	..	..	..	..	1
To Secondary Modern Schools	..	..	..	..	..	..	..	..	5
To Primary Schools	..	..	..	..	..	..	..	..	17
To E.S.N. Schools	..	..	..	..	..	..	..	..	4
Left Leeds	..	..	..	..	..	..	..	..	2

Mr. E. Lewis and Miss L. Dixon both provide physiotherapy (except for one session) on a full-time basis and Mrs. S. Elshaw gives two sessions a week making a total of 21 sessions weekly.

Nurse K. Podesta, S.R.N., is attached full-time to the school.

The shortage of speech therapists has meant that several children who need speech therapy have been unable to have treatment.

During the year the Variety Club of Great Britain made gifts to the school of three electrically propelled chairs, three electric typewriters, two cycling machines, a rowing machine and a hoist for lifting very heavy children. This generosity is much appreciated by the School and the Education Committee.

The school is housed in an old converted mansion and is to be replaced by the new John Jamieson School on which building will begin early in 1966."

Larchfield School

This is a small five-day residential school for twenty cerebral palsied children.

Miss J. Hoggarth, the matron, reports:—

"During 1965, two children were discharged to Potternewton Mansion Special Day School and Chantrey School, Sheffield, respectively. There were no admissions.

Mr. J. M. P. Clark, F.R.C.S., continues to visit once each term, and has performed necessary surgery on three children.

Dr. J. M. Littlewood, M.R.C.P., Lecturer in Paediatrics, visited during the Spring term and was replaced by Dr. D. M. Morgan, M.B., Ch.B., D.C.H., M.R.C.P., in the Autumn term.

Dr. S. M. C. Thompson left and was replaced in September by Dr. H. Sanderson who carries out routine inspection and is responsible for the day to day medical supervision.

Two physiotherapists, Mrs. S. Elshaw and Mrs. J. Musgrave, between them provide twelve sessions a week. No speech therapy has been available since April.

Thirteen children have average or above average intelligence and six have I.Q.'s. below 90.

Five have poor homes.

The children visited Saltburn for the day in July and in December gave a performance of "Snow White and the Seven Dwarfs" before an audience of parents and friends."

One child is awaiting a place in a day physically handicapped school and two children boarding places.

In addition, 75 boys and 66 girls (total 141) listed physically handicapped are in ordinary schools in Leeds.

8. Speech

Two children attend residential schools:—

Percy Hedley Centre, Forest Hall, Newcastle-upon-Tyne	..	..	1
Moorhouse School, Oxted, Surrey	..	..	1

MISCELLANEOUS EXAMINATIONS

The School Health Service is required to make arrangements for special medical examinations in addition to those for the investigation and treatment of defects. The following is a summary of such examinations:—

On leaving colleges of education	..	..	..	..	428
Candidates for Carnegie College of Physical Education (special examination)	..	..	..	..	158
For admission to colleges of education	..	..	..	..	486
New appointments (including superannuation cases)	..	..	..	..	471
Boarded out children	..	..	..	..	307
At the request of the Juvenile Court	..	..	..	..	287
On taking up part-time employment	..	..	..	..	1,613
Prior to going to holiday camp	..	..	..	..	704
For theatrical licences	..	..	..	..	58
Prior to attending pre-nursing courses	..	..	..	..	1
Prior to adoption	..	..	..	..	9
Miscellaneous	..	..	..	..	9
					<hr/>
					4,531

ENURESIS ALARMS

These continue to be lent from the Central and peripheral clinics. In all, 58 children were supplied during the year.

CHILDREN WHO FAIL TO ATTEND SCHOOL

This is becoming an increasing problem and the School Medical Service is particularly concerned with the group, albeit a small one,

which comes under the heading of "school refusal" or "school phobia". Although the numbers are few each individual child becomes involved in a disproportionate amount of attention from welfare officers, school medical and child guidance personnel, hospital consultants, family doctors, probation officers, and magistrates.

Characteristically, these children are unhappy and do not enjoy their absence. Not only do they refuse to go to school but almost always have phobias about going anywhere else and even about leaving their own home. They have an excessive emotional attachment to one parent whilst the other often plays a very minor part in the home. This type of emotional disturbance, only too often, results in the appearance of a variety of physical signs and symptoms, psycho-somatic in type, for which they go to their family doctor. He, quite unaware of the true facts about the child's school attendance, gives a medical certificate of unfitness to attend school. If he eventually realises the situation and withdraws further certificates, the family change to another doctor. In one case, this, too, failed and they moved to a nearby town in order to avoid the consequences. It often dates back to the earliest school years and there may even be a history of the child clinging excessively to his mother as a baby. Sometimes the condition is kept under control until some family disaster precipitates a final refusal.

The best chance for treatment lies in detecting the condition as soon as possible before it becomes chronic. Sometimes temporary psychological or psychiatric support for the child is successful, but it too may have to be prolonged. The parent may require psychiatric help. There may be a large constitutional factor in both parent and child which is associated with a poor prognosis and the condition is likely to persist into working life. On occasion the only hope of procuring education lies in prosecution and/or removing the child from the home.

The Chief Education Welfare Officer reports that during 1965:—

Number of children whose parents were prosecuted for poor school attendance-

Number of children who were brought before the Juvenile Court because of poor attendance: -

Primary	24
Secondary	52
	76

On a Saturday in November, the medical staff of the Health Department and the School Medical Service combined to hold a short conference on "The Child Who Goes Unwillingly to School".

CO-OPERATION WITH OTHERS

We greatly appreciate the help received from teachers and their administrative colleagues. The exchange of information and opinions as seen through the eyes of a different profession is one of the great pleasures of this work.

Nor could the School Health Service operate without the willing co-operation of parents.

The consultants who come to take clinics in the Education Department not only give a valuable service but form a link with the hospitals which helps us to keep in touch with modern medicine at its best.

The Child Guidance Clinic operating both a school psychological and a child guidance service is situated about half a mile from the Education Department. It gives valuable help to teacher parents and school doctors. Unfortunately, by the end of the year, it had still not been possible to recruit a psychiatrist. Children requiring psychiatric as opposed to psychological advice were referred to the Child Psychiatric Unit at St. James's Hospital and it is a pleasure to record our indebtedness to Dr. Marshall Frieze and his staff.

Every effort is made to ensure that for all defects found (other than impaired vision) the family doctor is consulted and his wishes followed. He, later, receives a report on the findings and particularly on any action taken. It is our experience, particularly with complicated or unco-operative cases, that the family doctor is the school medical officer's greatest ally. We very much appreciate all the help and support we receive from general practitioners.

In April, the staff of the School Medical Service held another "At Home", this time at Meanwood Clinic. Approximately seventy general practitioners working in the area served by the clinic were invited at 4.0 p.m. About sixteen came. In spite of this it was thought to be well worth while and gave an opportunity to get to know these doctors personally. It proved an enjoyable hour.

The education welfare officers give us very good service in many different ways. Their intimate knowledge of the home background provides a fund of information.

The school nurses frequently form a link between the child, the doctor, the teacher and other organisations outside the Education Department. A high proportion of children in special schools suffer from minor ailments and require much extra help and support for the maintenance of health. The work that the school nurses do in these schools is particularly valuable.

Once a month the Senior School Medical Officer attends a co-ordinating conference concerned with children neglected and ill-treated in their own homes.

She also serves on the Council of the School Health Service Group of the Society of Medical Officers of Health.

TRANSPORT

Arrangements continued to be made for children attending special schools, who for a variety of reasons were unable to travel to and from school by public transport.

During the year an additional 70 children were admitted to E.S.N. schools, the majority of them to Roundhay Lodge, where owing to the situation of the school, transport has to be provided for all.

Three spastic children attended the Assessment Centre at Hawksworth Hall. Although this is a residential school pupils return home each weekend, consequently the authority has to make the necessary arrangements for their journeys.

Many of the children attending the Day Unit at the Child Guidance Centre also have to be provided with transport; some of these children can be accommodated in taxis on normal school journeys at the beginning and end of the school day, but for the lunch-time journeys special taxis have to be provided.

At the end of the year twelve buses and 25 taxis were in daily use.

It is becoming increasingly difficult to make arrangements for escorting children to and from residential schools each holiday, chiefly due to the inaccessible parts of the country in which many of the schools for maladjusted are placed. It is virtually impossible to reach some of them by train and we are indebted to welfare officers who make long journeys by car.

Whenever possible arrangements are shared with the West Riding Education Authority, thus enabling the number of escorts required to be kept to a minimum.

NATIONAL CHILD DEVELOPMENT STUDY

During 1958 a large scale survey of all babies born throughout the country in one particular week was carried out under the auspices of the National Birthday Trust Fund. This perinatal mortality survey, as it was called, produced a great deal of valuable information

about the maternity services. It was decided by the organisers to try to gather information about the development of these children and the National Child Development Study was set up for this purpose, sponsored by four child health or educational organizations and in collaboration with medical and educational professional associations. Local health and education authorities were asked to co-operate by arranging for the completion of parental and medical questionnaires by health visitors and medical officers for all children in the survey who were now living in their area. 143 children were living in Leeds and after completion of the parental questionnaire by health visitors, medical examinations were carried out by school medical officers at school clinics, involving a substantial amount of time in the school medical programme.

THE SCHOOL DENTAL SERVICE

Reported by Mr. J. Miller.

Attendances at the school dental clinics are well maintained, both for general dental treatment, and for the orthodontic service. The staffing position shows some improvement. Two dental surgeons, formerly undertaking part-time duties, have now accepted full-time appointments.

The problem of dental health education in general, and oral hygiene in particular, have never been so vitally important as they are today. Attention more and more has to be focused upon this aspect of our work. Desirable though it is to encourage the public to visit the dentist regularly, and this applies particularly to children, it is important that patients co-operate by maintaining a high standard of dental hygiene. By so doing, the work of the dental surgeon is reinforced and, at the same time, the amount of treatment necessary at any one time is likely to be less.

In general, young persons tend to be haphazard in the matter of "teeth-brushing". Too often it is a task which is rushed, or worse still, not carried out at all. Not only do teeth decay as a result, but the condition of the gum tissues deteriorates.

It is with a view to stressing the importance of dental health that, from time to time, our two dental hygienists visit selected schools and, with the aid of portable equipment, undertake oral hygiene treatment.

When it is possible to work in schools in this way the interest of the children is greatly stimulated, especially as they themselves take part in the talks which are an essential part of the scheme. These



A Dental Health Education session in progress at the Cardinal Square School

talks have as their theme "Teeth matter, guard them well" and seek to explain the importance of dental care and hygiene. Instruction in the correct use of the toothbrush is also given. Such is the nature of the present day diet, with its high sugar and starch content, that this teaching is necessary. A powerful ally in the fight against dental decay would, of course, be the fluoridation of the public water supply. This would have the effect of strengthening the teeth from "within" and make them better able to resist harmful external influences. The measure would certainly reduce very considerably the incidence of dental decay.

Frequent dental inspections are carried out for the physically handicapped children. We are pleased to acknowledge the treatment undertaken by the dental unit at St. James's Hospital in respect of the children suffering from severe heart conditions or from haemophilia.

Patients requiring surgical treatment attend the clinics held by the oral surgeon, Professor T. T. Read.

APPENDIX I

PHYSICAL EDUCATION

by

Mr. G. B. THOMPSON

There has been a welcome increase in the number of old schools which have been equipped with modern gymnastic equipment. It is to be hoped that this policy will continue and that more schools can be prepared to meet the additional demands which might be made on them, in view of possible functional changes consequent upon the reorganisation of secondary education in the City.

SWIMMING

During the summer months the baths have been used to their maximum capacity. The slight decrease in attendances is due to the shorter summer season following a late Easter. The number of winter swimmers has increased and it is extremely gratifying to note the substantial increase in the totals of awards appertaining to the Royal Life Saving Society—this reflects the importance of the policy which aims to ensure that everything possible is done to improve the standard of efficiency in swimming and life saving among young and old alike.

	1962-63	1963-64	1964-65
Attendances	442,833	412,630	397,718
Preliminary Certificates	1,241	5,160	4,627
(New Swimmers)			
Other Certificates	1,100	3,861	3,125
R.L.S.S. Bronze Medallion	389	233	239
R.L.S.S. Instructor's Certificate ..	23	21	30
R.L.S.S. Preliminary Safety Awards and Advanced Safety Awards ..	—	143	303

ICE SKATING

The success of the previous scheme was such that the Education Committee approved an extension this year, and fourteen schools were permitted to send groups of pupils for instruction. A number of children gained proficiency awards instituted by the Ice Rink officials. Arrangements have been made for a further group of fourteen schools to participate in the scheme.

GYMNASTICS

The schools and the Athletic Institute have worked together to good effect. Special training classes for teachers were arranged and twelve teachers have gained the coaching award. A result of the

policy of establishing four coaching centres, two each for boys and girls, with the opportunity to attend the Institute's classes for advanced coaching, a team of boys gained second place in the National Championships. In the National Tumbling Championships two Leeds boys gained first and third places. This was a tremendous achievement and those concerned are to be congratulated on such an outstanding performance. Five schoolgirls competed in the girls' section of the National Championships and two were placed sixth and eleventh in their age groups.

A contingent of schoolchildren travelled to Vienna on the occasion of the International Gymnaestrada in July, 1965. Out of a Yorkshire team of 55, sixteen boys and twelve girls were pupils of Leeds schools. A team of twelve was chosen to give a demonstration at the Crystal Palace Sports Festival in August—five of these boys were from Leeds.

OUTDOOR ACTIVITIES

In this particular sphere of activity special regard has been paid to the qualification, experience and training of teachers responsible for the supervision of schoolchildren taking part in many activities. Teachers wishing to qualify themselves fully for actual leadership of such groups have attended a special course in Mountain Leadership held at The Outward Bound Mountain Schools, at Eskdale and Ullswater, where exacting courses are arranged by recognised experts. Successful completion of the courses is marked by the award of Certificate in Mountain Leadership and the holders of these awards are thus capable of ensuring that maximum safety precautions are taken in these worthwhile excursions. It is proposed to implement this with a further course in "Safety in Outdoor Pursuits" where more detailed information is given by experts in particular fields of interest and activity.

It is gratifying to note that the two schools which began dinghy sailing last year have continued this interest, and have been joined in this pursuit by other schools in which the pupils have built and sailed their own canoes.

APPENDIX II

SCHOOL MEALS SERVICE

by
Mr. R. P. GIBBS

The increasing popularity of the school mid-day meals is reflected by the number of pupils taking advantage of this service. This is undoubtedly due to the high standard maintained in the City's kitchens, and together with other factors, the present charge for the meal which was fixed in 1957 at 1/-d. per day. At the present time 62.09 per cent of the children on roll take the school dinner, which is an increase of 2.48 per cent compared with last year, and nearly 10 per cent compared with figures submitted in 1960. The Authority now operates 92 kitchens which have a daily cooking capacity of 56,045 meals.

The annual statistics are as follows:—

		<i>Free</i>		<i>Paid</i>		<i>Total</i>	
1965	923,217	..	7,773,957	..	8,697,174
1964	827,727	..	7,150,823	..	8,430,650
Increase	95,490	..	171,025	..	266,515

The number of free meals reported in December was 7,309 daily compared with the joint figure of free and part payment meals in January as 4,404.

The cost of the raw ingredients for the meal increased during the year, particularly grocery items, but this has been taken into account by the Department of Education and Science in assessing the meal cost. Supplies have been adequate and thus continued to provide considerable variety in the meal served.

The year has been difficult in regard to staffing. With the advent of so many local concerns arranging hours of employment to suit working mothers, full-time vacancies for duties which begin at 8.00 a.m. have been difficult to fill. It is also doubtful too whether, within the education field, encouragement should be given to mothers to leave their children without supervision before attending school at 9.00 a.m. The future promises no improvement, and maybe as one solution the use of pre-prepared or frozen vegetables will have to be considered; this obviously will increase the meal cost compared with the use of fresh vegetables in season.

Training continued in the usual pattern to meet the requirements of the Service for skilled personnel. In addition, a four session first-aid course was conducted to ensure that at least one member in every kitchen had basic knowledge of dealing with accidents. This was conducted by a member of the Ambulance Section and proved

most interesting. A practical course on Butchery at the Branch College of Institutional and Domestic Economy is being continued for heads of kitchens, which will result in greater knowledge of the correct cuts and quality of meat. Three members of the Service gained the Certificate of the Royal Society of Health in Catering Hygiene.

New Kitchen Dining Rooms

The following new kitchen dining rooms were opened during 1965:—

1.2.65	St. Benedict's R.C. Secondary School K.D.R.	(capacity 540 meals)
27.4.65	Manston C. of E. School K.D.R.	(capacity 250 meals)
14.6.65	Cross Gates St. Theresa's R.C. Primary School K.D.R.	(capacity 250 meals)
7.9.65	Agnes Stewart C. of E. Secondary School K.D.R.	(capacity 600 meals)
7.9.65	Rye Croft C.P. School K.D.R.	(capacity 200 meals)
7.9.65	New Wortley Holy Family R.C. School K.D.R.	(capacity 200 meals)
20.9.65	Primrose Hill C.S. School K.D.R.	(capacity 600 meals)

Kitchen Closed

24.9.65	Kosher kitchen—Closed for an indefinite period owing to demolition of premises in Cowper Street.
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Canteens

(a) Canteens closed

13.4.65	Manston C. of E.	New kitchen dining room opened.
4.6.65	Cross Gates St. Theresa's R.C.	New kitchen dining room opened.
23.7.65	South Accommodation Road C.P.	Closure of school.

(b) Canteens transferred

5.1.65	Victoria C.P. Infants	Re-transferred to the school from Londesboro Dining Rooms (originally transferred to Londesboro on the 9th September, 1964).
5.1.65	Burmantofts C. of E.	Transferred to former woodwork room at Victoria C.P. Junior School from Saville Green.
27.4.65	Meanwood C. of E. Infants	Transferred from school premises to new canteen in Meanwood Parochial Hall.
7.9.65	Low Road C.P.	Transferred from St. Chad's Mission Hall to new accommodation on school premises.
7.9.65	Lower Wortley C.P. Juniors	Transferred from main hall to new prefabricated unit.
7.9.65	All Saints C. of E. Infants	Transferred from main hall to All Saints Parish Hall.
4.10.65	Chapeltown C.P. Junior Mixed	Transferred from Methodist Hall, Town Street, Leeds, 7, to new premises in the main school playground.

20.11.65	Hawksworth County Secondary	Transferred temporarily from the Annexe in Vesper Road to Hawksworth Wood Y.M.C.A. Canteen (used by Hawksworth County Primary School) because of fire damage.
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Milk in Schools

During 1965, 12,695,843 one-third pint bottles were supplied. The average number of children drinking milk daily was 64,823 which represents 83.39 per cent of the average daily number on roll, or 92.29 per cent of the average daily number in attendance. In comparison this shows a slight decrease on the previous year's consumption.

APPENDIX III

HEALTH EDUCATION

by
Miss J. M. KEELING

There are now thirteen Health Education Officers in the Education Committee's service. The number attached full-time to particular schools has been reduced from five to three to meet one resignation and the increasing number and size of schools. A boys' school has the services of a health education officer for one afternoon a week and the number of boys receiving instruction in boys' classes in mixed schools is increasing gradually though the increase is hindered by shortage of health education officers.

No rigid syllabus or method of tackling the work is followed, though it continues to fall under three main headings: teaching, counselling and home visiting. The teaching situation brings pupils and health education officers together regularly; understanding and confidence are built up and development then takes place along a variety of lines. Matters of behaviour are discussed through counselling. Infants' schools are sometimes visited as a means of helping the girls in understanding young children. When a headteacher thinks it desirable a visit is made by the officer to the home of a pupil to foster a better relationship between home and school.

Headteachers value the health education officer's wide training and experience and recognise that there is not only a place but also a need for them in schools which at present cannot fully be met.

MEDICAL INSPECTION RETURNS YEAR ENDED 31st DECEMBER, 1965

TABLE I,
Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools
(Including Nursery and Special Schools)

A. Periodic Medical Inspections

Age Groups inspected (By year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		Total individual pupils		
		Satisfactory No.	Unsatisfactory No.		(6) for defective vision (excluding squint)	(7) for any other condition recorded at Part II			
1961 and later ..	104	—	—	—	2	3	(8) 5		
1960 ..	3,545	3,454	91	132	271	286	286		
1959 ..	570	565	30	152	370	258	258		
1958 ..	250	247	5	24	66	64	64		
1957 ..	275	273	3	14	41	43	43		
1956 ..	258	257	2	24	34	42	42		
1955 ..	1,277	1,272	1	13	24	30	30		
1954 ..	3,657	3,648	5	25	51	60	60		
1953 ..	1,365	1,362	9	95	157	218	218		
1952 ..	182	182	3	40	61	81	81		
1951 ..	230	228	2	5	8	13	13		
TOTAL ..	15,167	15,094	73	534	1,004	1,115			

Col. (3) total as a percentage of Col. (2) total 99.52%
Col. (4) total as a percentage of Col. (2) total 0.48%

B. Other Inspections

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection

NUMBER OF SPECIAL INSPECTIONS ..	..	..	..	..	..	6,848
NUMBER OF RE-INSPECTIONS ..	..	..	..	..	..	24,626
TOTAL ..	..	..	..	..	..	31,474

TABLE II

Infestation with Vermin

(1) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	17,933
(2) Total number of individual pupils found to be infested	...	...	3,420
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	1,539
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	944

TABLE III

Return of Defects found by Periodic and Special Medical Inspections during the Year Ended 31st December, 1965

Defect Code No.	Defect or Disease	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin	T 10 O 137	4 14	74 383	88 534	131 10
5	Eyes	T 130	8	374	512	2,103
		O 238	17	1,137	1,392	911
		T 53 O 95	— —	81 159	134 254	251 2
6	Ears	T 4 O 35	—	18 129	22 165	19 —
		T 49 O 345	—	102 543	151 838	126 602
		T 9 O 76	2	17 175	26 253	25 1
7	Nose and Throat	T 6 O 20	—	17 49	23 70	303 18
		T 29 O 425	—	83 685	112 1,114	79 5
		T 10 O 172	4	— 38	— 48	110
8	Speech	T 10 O 10	—	— 175	— 253	— 1
9	Lymphatic Glands	T 2 O 112	3	— 293	— 468	— 70
10	Heart	T 9 O 100	2	161 259	275 361	21 8
11	Lungs	T 11 O 136	—	18 324	28 464	95 7
12	Developmental—	T 3 O 29	—	12 68	15 97	2 —
		T 32 O 204	—	87 566	119 775	104 4
		T 4 O 41	4	— 166	27 211	39 3
13	Orthopaedic—	T 10 O 125	—	37 422	47 551	51 13
		T 7 O 59	4	— 188	25 253	39 29
		T 1 O 10	—	3 42	4 55	3 3
14	Nervous System—	T 2 O 91	1	17 188	20 253	17 29
		T 2 O 59	—	— 188	— 282	— 163
		T 1 O 10	—	3 42	4 55	3 3
15	Psychological—	T 5 O 97	—	22 218	27 334	329 113
		T 6 O 174	19	— 443	28 632	66 13
		T 2 O 31	—	7 233	9 267	13 5
16	Abdomen	T 2 O 14	—	— 1	— 91	— 106
		T 2 O 91	—	7 372	9 471	13 9

TABLE IV

Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Nursery and Special Schools)

A.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	280
Errors of refraction (including squint)	5,271
Total	5,551
Number of pupils for whom spectacles were prescribed	2,686

B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	18
(b) for adenoids and chronic tonsilitis	37
(c) for other nose and throat conditions	4
Received other forms of treatment	765
Total	824
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	23
(b) in previous years	144

C.—Orthopædic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	205
(b) Pupils treated at school for postural defects	45
Total	250

D.—Diseases of the Skin (excluding uncleanness, for which see Table II)

E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ..	387

F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	196

G.—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	4,831
(b) Pupils who received convalescent treatment under School Health Service arrangements	114
(c) Pupils who received B.C.G. vaccination	4,233
(d) Other than (a), (b) and (c) above.	
Receiving Vitamin tablets	2,423
Chiropody Treatment	1,069
Enuresis Alarms loaned	58
Total (a)–(d) ..	12,728

TABLE V.—Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1965

No. of pupils on the register of maintained primary and secondary schools (including nursery and special schools) in January, 1966, as in Forms 7, 7M and 11 Schools 79,423

1. Attendances and Treatment

			Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	..	..	6,337	8,603	1,706	10,706
Subsequent visits	..	..	2,703	10,686	2,022	15,411
Total visits	..	..	9,040	19,289	3,788	32,117
Additional courses of treatment commenced	..	..	175	518	136	829
Fillings in permanent teeth	..		2,600	12,998	3,259	18,857
Fillings in deciduous teeth	..		973	145		1,118
Permanent teeth filled	..		2,096	11,753	2,670	16,519
Deciduous teeth filled	..		930	145		1,075
Permanent teeth extracted	..		845	4,053	473	5,371
Deciduous teeth extracted	..		9,560	3,197		12,757
General anaesthetics	..	..	6,199	3,754	283	10,236
Emergencies	..	..	1,664	844	103	2,611

Number of Pupils X-rayed	..	..	..	358
Prophylaxis	..	..	..	3,835
Teeth otherwise conserved	..	..	..	172
Number of teeth root filled	..	..	..	30
Inlays	..	..	..	51
Crowns	..	..	..	79
Course of treatment completed	..	..	..	12,424

2. Orthodontics

Cases remaining from previous year	..	..	753
New cases commenced during year	..	..	162
Cases completed during year	..	..	226
Cases discontinued during year	..	..	15
No. of removable appliances fitted	..	..	300
No. of fixed appliances fitted	..	..	—
Pupils referred to Hospital Consultant	..	..	—

3. Prosthetics

Pupils supplied with F.U. or (F.L. (first time)

Pupils supplied with other dentures (first time)

Number of dentures supplied

5 to 9	10 to 14	15 and over	Total
—	—	—	—
—	50	12	62
1	65	18	84

4. Anaesthetics

General Anaesthetics administered by Dental Officers... ..

7,977

5. Inspections

(a) First inspection at school. Number of Pupils

26,491

(b) First inspection at clinic. Number of Pupils

2,097

Number of (a)+(b) found to require treatment

11,815

Number of (a)+(b) offered treatment

9,475

(c) Pupils re-inspected at school and clinic

10,409

Number of (c) found to require treatment

3,257

6. Sessions

Sessions devoted to treatment

4350.5

Sessions devoted to inspection

273.25

Sessions devoted to Dental Health Education

203.25

TABLE VI

Number of Exclusions, 1965

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head ..	—	1,951	1,951
Uncleanliness of Body ..	—	—	—
Ringworm—Scalp and Body ..	—	—	—
External Eye Diseases ..	—	14	14
Scabies	—	72	72
Impetigo	—	40	40
Other Skin Diseases ..	—	—	—
Other Diseases	—	3	3
Vision	—	—	—
TOTAL 1965 ..	—	2,080	2,080
TOTAL 1964 ..	—	2,873	2,873

Screening Tests of Vision and Hearing

1. (a) Is the vision of entrants tested? Yes
- (b) If so, how soon after entry is this done? .. During 1st year
2. If the vision of entrants is not tested, at what age is the first vision test carried out? —
3. How frequently is vision testing repeated throughout a child's school life? Annually
4. (a) Is colour vision testing undertaken? Yes
- (b) If so, at what age? 12 years of age
- (c) Are both boys and girls tested? No. Boys only
5. By whom is vision and colour testing carried out? .. Colour—S.M.O.
Vision—school nurse
6. (a) Is audiometric testing of entrants carried out? .. No
- (b) If so, how soon after entry is this done? .. —
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out? 6-7 age group
8. By whom is audiometric testing carried out? .. One full-time clinic
assistant with
N.N.E.B.
qualifications

TABLE VII

**Handicapped Pupils requiring Education at Special Schools
or Boarding in Boarding Homes**

	Blind	Parti- ally Sighted	Deaf	Parti- ally Hearing	Physi- cally Handi- capped	Deli- cate	Mal- adjusted	Educa- tionally Sub- normal	Epi- leptic	Speech	Total
<i>During the year ended 1965—</i>											
Handicapped pupils newly placed in schools and homes ..	..	..	..	..	..	..	..	..	..	..	..
Newly assessed requiring education ..	..	..	..	..	..	..	..	..	..	..	..
On 20th January, 1966 :—											
No. of handicapped pupils :—											
(i) Attending Special Schools—Day ..	..	..	..	..	..	..	..	..	..	..	..
Boarding ..	14	6	19	7	115	—	4	799	—	—	992
(ii) Attending Independent Schools ..	..	..	..	..	34	10	15	25	2	2	140
(iii) Boarding in Homes ..	..	..	..	..	3	3	23	10	—	—	39
Total ..	..	..	..	..	—	1	2	—	—	—	3
No. of handicapped pupils being educated under arrangements made under Section 56 of Education Act, 1944 :—											
(i) In Hospitals ..	..	..	..	..	..	..	..	..	..	..	..
(ii) In other Groups (conv. homes) ..	..	..	..	..	..	..	..	..	..	..	..
(iii) At home ..	..	..	..	..	..	..	..	..	..	..	..
No. of handicapped pupils requiring places in special schools—Day (a) ..	..	..	..	..	..	..	..	..	..	..	..
Boarding (b) ..	..	..	..	..	..	..	..	..	..	..	..
Included at (b) but who parents had refused consent to their admission to a boarding special school ..	..	..	..	..	..	..	..	..	..	..	..



Printed by
Jowett & Sowry Ltd. Leeds